

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90035 026 ****61.25

UBR (URS)

DOCUMENT # N98000004119

1. Entity Name

THE OLD DOWNTOWN DEVELOPMENT (ODD) GROUP OF OVIE DO, INC.

Principal Place of Business

Mailing Address

156 GENEVA DRIVE
 OVIEDO FL 32762-0729

P O BOX 620729
 OVIEDO FL 32762-0729

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3497394

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, P R
350 S. CENTRAL AVE
OVIEDO FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALKER-SEAMAN, BARBARA	
STREET ADDRESS	353 N. CENTRAL AVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EVANS, ARTHUR	
STREET ADDRESS	110 E. BROADWAY	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURNS, P. RICK	
STREET ADDRESS	350 S. CENTRAL AVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAYNE, JEFF	
STREET ADDRESS	3285 LORDMALL CT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUCE, MIRIAM	
STREET ADDRESS	6365 LAKE CHARM CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AULIN, ELIZABETH	
STREET ADDRESS	2389 PENNSYLVANIA AVE	
CITY-ST-ZIP	OVIEDO FL 32765	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Aulin Elizabeth Aulin 3/8/02 407-365-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)